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22509 7590 05/04/2004

**MICHAEL E. KLICPERA
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Michael E. Klicpera (Depositor's name)
Michael E. Klicpera (Signature)
05/11/2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/733,563	12/08/2000	Peter Baruth	70762.01	3223

TITLE OF INVENTION: METHOD AND COUPLING APPARATUS FOR FACILITATING AN VASCULAR ANASTOMOSES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	08/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JACKSON, GARY	3731	606-153000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Michael E. Klicper
2 _____
3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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Please check the appropriate assignee category or categories (will not be printed on the patent);

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☒ Issue Fee☒ Publication Fee☒ Advance Order - # of Copies 2

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 502274 (enclose an extra copy of this form).

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Michael Klicpera **05/11/2004**
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